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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\*** NONE, *harriguyen* 8/28/07

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** NONE, *harriguyen* 8/28/07

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
 \*\* 03/23/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
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Verified and Acknowledged *harriguyen* *Q*  
 Examiner's Signature Initials

**ADDRESS**  
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**TITLE**  
 Embolic containment system with asymmetric frictional control

<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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